

EXHIBIT 1-4

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) FRANCELLA ASHBY (212) 776-3966	
B. E-MAIL CONTACT AT FILER (optional) FRANCELLA.ASHBY@DLAPIPER.COM	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
DLA PIPER LLP (US) 1251 AVENUE OF THE AMERICAS 27TH FLOOR NEW YORK, NY 10020	

Delaware Department of State
U.C.C. Filing Section
Filed: 06:29 PM 01/14/2021
U.C.C. Initial Filing No: 2021 0374364

Service Request No: 20210119523

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME THEIA HOLDINGS A, INC.				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 1455 PENNSYLVANIA AVENUE, SUITE 800	CITY WASHINGTON	STATE DC	POSTAL CODE 20004	COUNTRY US

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME AITHRE CAPITAL PARTNERS LLC				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS SEE ADDENDUM LINE 12 FOR ADDRESS	CITY MIAMI	STATE FL	POSTAL CODE 33131	COUNTRY US

4. **COLLATERAL:** This financing statement covers the following collateral:

All assets of the Debtor, whether now owned or hereafter acquired or arising, wheresoever located, together with all proceeds thereof. Line 3c. Secured Party Address: c/o Bulltick Financial Advisory Services, LLC 333 SE 2nd Avenue, Ste 3950 Miami, Florida 33131

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

6b. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILED WITH: DE - SECRETARY OF STATE

International Association of Commercial Administrators

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) FRANCELLA ASHBY (212) 776-3966
B. E-MAIL CONTACT AT FILER (optional) FRANCELLA.ASHBY@DLAPIPER.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) DLA PIPER LLP (US) 1251 AVENUE OF THE AMERICAS 27TH FLOOR NEW YORK, NY 10020

Delaware Department of State
U.C.C. Filing Section
Filed: 06:28 PM 01/14/2021
U.C.C. Initial Filing No: 2021 0374356

Service Request No: 20210119522

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME THEIA GROUP INCORPORATED					
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1455 PENNSYLVANIA AVENUE, SUITE 800		CITY WASHINGTON	STATE DC	POSTAL CODE 20004	COUNTRY US

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME AITHRE CAPITAL PARTNERS LLC					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS SEE ADDENDUM LINE 12 FOR ADDRESS		CITY MIAMI	STATE FL	POSTAL CODE 33131	COUNTRY US

4. **COLLATERAL:** This financing statement covers the following collateral:

All assets of the Debtor, whether now owned or hereafter acquired or arising, wheresoever located, together with all proceeds thereof. Line 3c. Secured Party Address: c/o Bulltick Financial Advisory Services, LLC 333 SE 2nd Avenue, Ste 3950 Miami, Florida 33131

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

6b. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILED WITH: DE - SECRETARY OF STATE

International Association of Commercial Administrators